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APPLICANTS

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** CONTINUING DATA *****

None, le

** FOREIGN APPLICATIONS *****

None, le

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** 02/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Hea Van Le</i> Initials				

ADDRESS

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TITLE

Ultrahigh speed imaging assembly for orthopedic radiography

FILING FEE

RECEIVED

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT
 No. _____ for following:

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of time)☐ 1.18 Fees (Issue)